

photos

SECT 04

2 FEB 1995

319

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NUMBER <i>N 9510029</i> 950110CNE5103		2. INVESTIGATOR'S ID 9041	3. OFFICE CODE 800
4. INCIDENT DATE YR MO DAY 95 01 02	5. DATE IDI INITIATED YR MO DAY 95 01 24		

6. SYNOPSIS OF INCIDENT OR COMPLAINT : An under the counter toaster was mounted under kitchen cabinets and its control knob was at setting #2. When the toast was done, the bell rang and the door opened. When the door opened, the complainant saw six inch flames coming from the bread and toaster.

7. LOCATION Home 10	8. CITY Wallingford	9. STATE Connecticut CT
------------------------	------------------------	----------------------------

10A. FIRST PRODUCT Toaster Oven	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Black & Decker Spacemaker Optima Horizontal Toaster, Model T1000 6 Armstrong Road Shelton, CT 06484-4797
----------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

10B. SECOND PRODUCT 0000	11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS
---------------------------------	-------------------------------------------------------------

12. AGE OF VICTIM 999	13. SEX 9	14. DISPOSITION No Hospitalization 99	15. INJURY DIAGNOSIS No Injury 70
--------------------------	--------------	------------------------------------------	--------------------------------------

16. BODY PART No Injury 99	17. RESPONDENT(S) Complainant 1	18. INVESTIGATION TYPE 1	19. TIME SPENT 05.0
-------------------------------	------------------------------------	-----------------------------	------------------------

20. ATTACHMENTS Multi 9	21. CASE SOURCE C.C. 07	22. REVIEWED BY <i>8342</i>	YR MO DAY <i>95 01 20</i>
----------------------------	----------------------------	--------------------------------	------------------------------

23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY)
CPSC MAY DISCLOSE MY NAME ☒ CPSC MAY NOT DISCLOSE MY NAME

24. NARRATIVE (See Instructions on Page 2)	25. REGIONAL DIRECTOR REVIEW DATE <i>1-30-95</i>
--------------------------------------------	-----------------------------------------------------

MFR/PRVLBR NOTIFIED *5/16/95*
☒ No Comments made
☐ Comments attached
☐ Excisions/Revisions
☐ Firm has not requested further notice



(USE ADDITIONAL SHEETS IF NECESSARY)

PRE-INCIDENT:

All of the information concerning this incident was obtained from an on-site interview with the complainant's wife, a female who has no mental deficiencies or impairments.

The Black and Decker Horizontal Under the Counter Toaster Oven(Exhibit 1) was given to the complainant for a holiday gift in December of 1994. The complainant installed the Toaster Oven underneath a cabinet in his kitchen, approximate date of this activity is unknown. The complainant was familiar with how the product works so no safety pre-cautions were taken. There were no modifications or repairs done to the product before using said product. The complainant's wife stated to this investigator that the following is how one should use the oven according to the instruction manual: User is supposed to put a slice of toast in the toaster and when it is done the toaster "dings" and the door opens automatically and the tray with the toast on it pops out.

INCIDENT:

On the morning of January 2, 1995, the complainant's wife put a thin slice of bread in the toaster, set the control setting to #2, and pressed the start button. About one minute later the toaster "dings" and the toast pops out on the tray. The complainant's wife then put in a second thin slice of bread immediately after removing the first slice, kept the control setting at #2 and pressed the start button. About 30 seconds later the complainant's wife notice flames coming from the toaster. Complainant's wife noticed that the toast inside the toaster was on fire along with inside top portion of the toaster(Exhibit 2). The complainant immediately unplugged the toaster and blew out the flames.

The same incident happened again when the toaster was used on a consecutive occasion.

POST-INCIDENT:

The complainant dismantled the toaster oven and called the manufacturer. Black & Decker stated to the complainant that if the complainant sent them the receipt, then Black & Decker would replace the product. The complainants did not want another toaster oven so they called this agency to take the toaster oven and have it tested for any possible violations.

There were no injuries or permanent impairments, and there are no civil suits being filed.

The complainant's wife added that if nobody was in the kitchen at the time of the incident, a more serious fire could have occurred.

PRODUCT INFORMATION:

Manufacturer: Black & Decker

Source of Purchase: Unknown

Brand Name: Spacemaker Optima Horizontal Toaster

PRODUCT IDENTIFICATION:

The product is a white and silver under the counter toaster oven that has a two prong, polarized plug. Product has a white open and a white start button along with a white control setting knob (Exhibit 3). There is a clear glass face that opens automatically when the toaster is done. Product is 4.5 inches in height with a width of 14.5 inches. Product reads in part: "****BLACK & DECKER***MODEL T1000 TY1***HOUSEHOLD USE ONLY***120 VOLTS***750 WATTS***50-60 Hz. ONLY***UL LISTED 228E***CAUTION- TO REDUCE THE RISK OF FIRE DO NOT PLACE ANY HEATING OR COOKING APPLIANCE BENEATH THIS UNIT***"

SAMPLES COLLECTED:

Sample Name: Black and Decker Spacemaker Optima Under the Counter Toaster Oven

Sample Number: T-800-2003

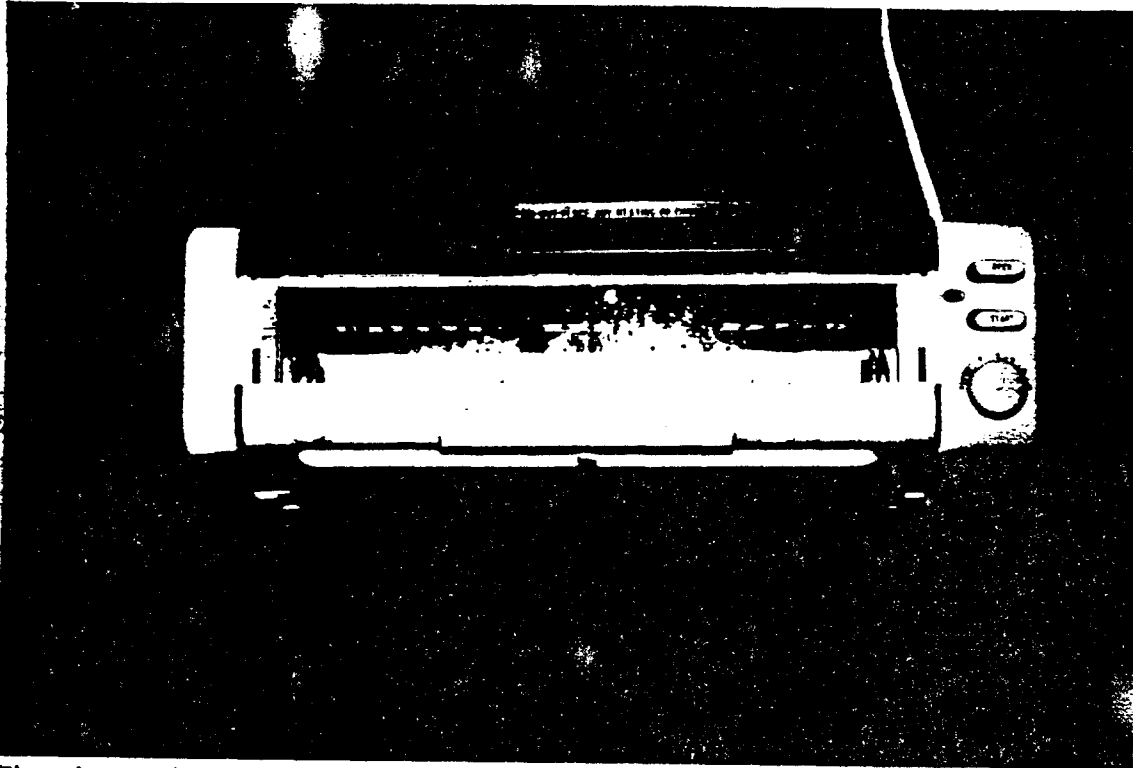
STANDARDS:

UL Listed 228E

ATTACHMENTS:

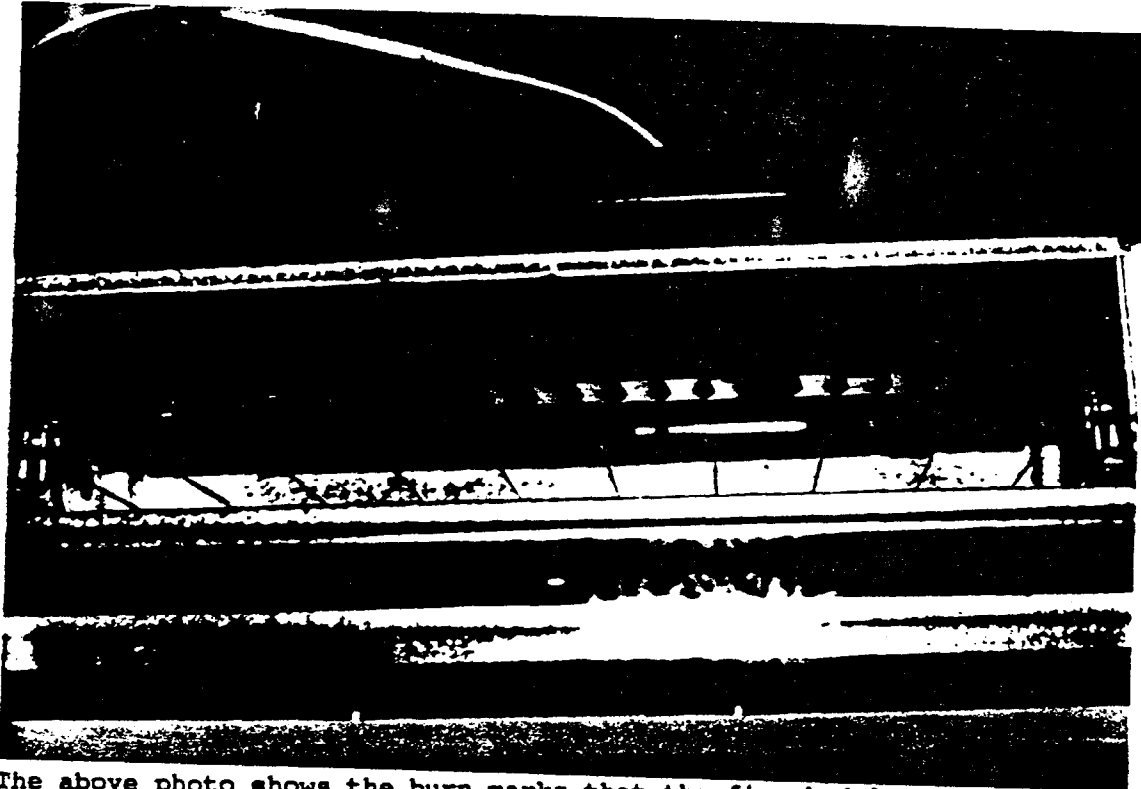
Notice of Inspection (1/24/95)
Field Activity Cover Sheet
Epidemiologic Investigation Report
Authorization for Release of Name
Sample Collection Report (T-800-2003)
Exhibits 1-3 (Photographs)
Negatives of Photographs

U.S. CONSUMER PRODUCT SAFETY COMMISSION SAMPLE COLLECTION REPORT			
1. Flag		2. Date Collected 1/24/95	
3. Sample type & number [XX] Physical T-800-2003 [] Documentary			
4a. Product Name Black & Decker Toaster		4b. Model T1000	4c. NEISS 0234
5. Assignment Ref. 950110CNE5103			
6. Complete for Import Samples a. Port of Entry : b. Entry # & Date : c. Country of Origin : d. HSUSA Code : e. Customs Contact :		7. MIS 32626	8. Hours: a. Activity 5.0 b. Travel 4.0
		9a. Home RO FOER	9b. Collecting RO FOER
10. Sample Cost \$47.70 "B"		11. Invoice Value of Lot Unknown	
12. Size of Lot Unknown			
13. Manufacturer/Importer Black and Decker 6 Armstrong Road Shelton, CT 06484-4797		14. Shipper/Foreign Mfr. Unknown	
15. Dealer/Import Broker Unknown			
16. Supporting documents attached: a. Invoice # & Date :N/A b. Date Shipped:N/A c. Shipping Record # & Date :N/A d. Affidavit Signer's Name, Title & Date : N/A			
17. Product Identification: Product is a white and silver under the counter toaster oven that has a two prong, polarized plug. Product has a white open and a white start button along with a white control setting knob. Product is 4.5 inches in height with a width of 14.5 inches. Product reads in part: ****BLACK & DECKER***MODEL NO. T1000 TY1***HOUSEHOLD USE ONLY***120 VOLTS***750 WATTS***50-60Hz. ONLY***UL LISTED 228E***CAUTION-TO REDUCE THE RISK OF FIRE DO NOT PLACE ANY HEATING OR COOKING APPLIANCE BENEATH THIS UNIT***			
18. Reason for Collection & Analysis Needed: FHSA[] CPSA[XX] FFA[] PPPA[] RSA[] 950110CNE5103			
19. Summary of Field Screening: Sample was collected as a follow up to an IDI.			
20. Sample Size, Method of Collection: 1 unit of the product was collected where it was taken to FOER where it was locked in a cabinet until identified as per 21, and sealed as per 22.			
21. Identification on Sample: "S-800-2003 SB/1-25-95/Sub #1"		22. Identification on Seal: "S-800-2003/Stephen Babits 1-25-95"	
23a. Sample Delivered To: United Parcel Service		23b. Date 1/25/95	24. Orig. Report/Records Sent To: FOER
25. Laboratory/Office: ESEL[] HSHL[] HSPS[] CERM[] CECA[XX] OTHER[]			
26. Remarks: ATTACHED: Notice of Inspection (1/24/95) Receipt For Samples (1/24/95)			
27. Related Samples: None			
28a. Collector's Name, Title & Employee # 9041 Stephen Babits, Investigator		28b. Collector's Signature & Date Stephen Babits 1/26/95	
29a. Reviewer's Name, Title & Employee # 8342 Gilbert Bodin, Supervisory Investigator		29b. Reviewer's Signature & Date	
Distribution: Original [] Lab [] Fiscal [] Data [] Hdqtr [] Other []			

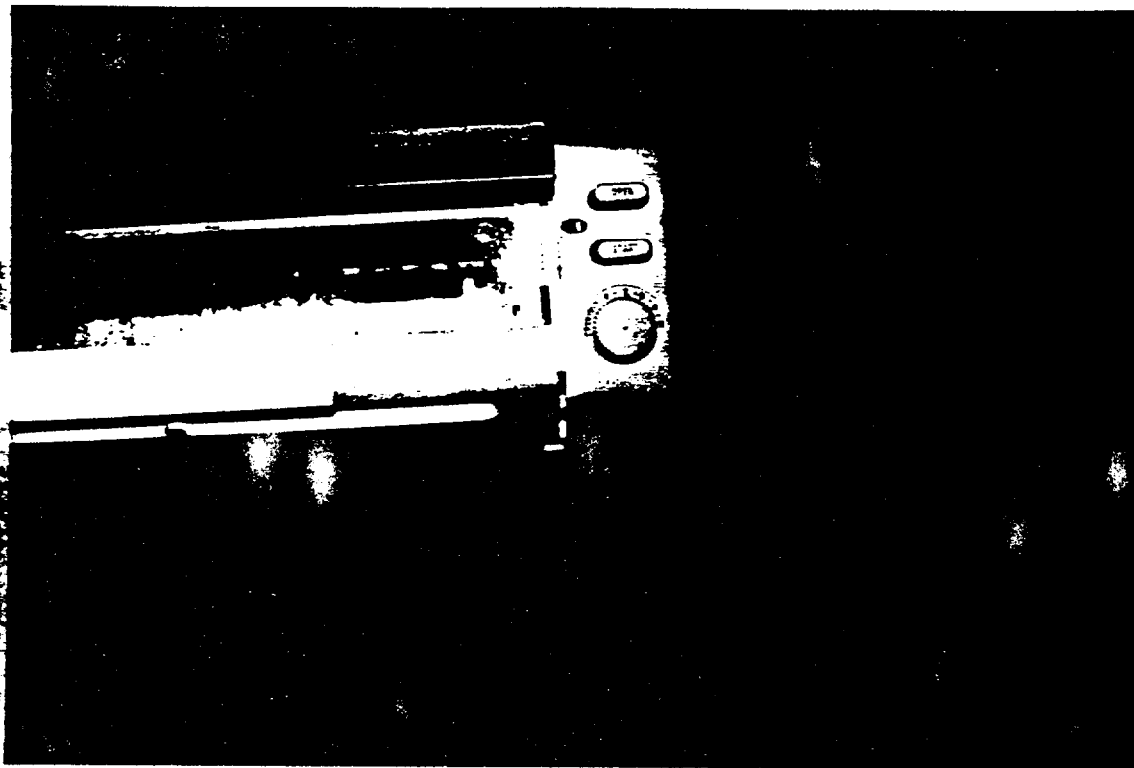


The above photo shows the product: Black & Decker Under the Counter Toaster Oven.

Exhibit #2



The above photo shows the burn marks that the fire had left on the product.



The above photo shows the product's control setting knob and start buttons.

**U.S. CONSUMER PRODUCT SAFETY COMMISSION
SAMPLE COLLECTION REPORT**

1. Flag		2. Date Collected 1/24/95		3. Sample type & number [XX] Physical T-800-2003 [] Documentary	
4a. Product Name Black & Decker Toaster		4b. Model T1000	4c. NEISS 0234	5. Assignment Ref. 950110CNE5103	
6. Complete for Import Samples a. Port of Entry : b. Entry # & Date : c. Country of Origin : d. HSUSA Code : e. Customs Contact :			7. MIS 32626		8. Hours: a. Activity 5.0 b. Travel 4.0
			9a. Home RO FOER		9b. Collecting RO FOER
10. Sample Cost \$47.70 "B"		11. Invoice Value of Lot Unknown		12. Size of Lot Unknown	
13. Manufacturer/Importer Black and Decker 6 Armstrong Road Shelton, CT 06484-4797		14. Shipper/Foreign Mfr. Unknown		15. Dealer/Import Broker Unknown	
16. Supporting documents attached: a. Invoice # & Date :N/A c. Shipping Record # & Date :N/A d. Affidavit Signer's Name, Title & Date : N/A b. Date Shipped:N/A					
17. Product Identification: Product is a white and silver under the counter toaster oven that has a two prong, polarized plug. Product has a white open and a white start button along with a white control setting knob. Product is 4.5 inches in height with a width of 14.5 inches. Product reads in part: "BLACK & DECKER" MODEL NO. T1000 TY1***HOUSEHOLD USE ONLY***120 VOLTS***750 WATTS***50-60Hz. ONLY***UL LISTED 228E***CAUTION-TO REDUCE THE RISK OF FIRE DO NOT PLACE ANY HEATING OR COOKING APPLIANCE BENEATH THIS UNIT***					
18. Reason for Collection & Analysis Needed: FHSA[] CPSA[XX] FFA[] PPPA[] RSA[] 950110CNE5103					
19. Summary of Field Screening: Sample was collected as a follow up to an IDI.					
20. Sample Size, Method of Collection: 1 unit of the product was collected where it was taken to FOER where it was locked in a cabinet until identified as per 21, and sealed as per 22.					
21. Identification on Sample: "S-800-2003 SB/1-25-95/Sub #1"			22. Identification on Seal: "S-800-2003/Stephen Babits 1-25-95"		
23a. Sample Delivered To: United Parcel Service		23b. Date 1/25/95		24. Orig. Report/Records Sent To: FOER	
25. Laboratory/Office: ESEL[] HSHL[] HSPS[] CERM[] CECA[XX] OTHER[]					
26. Remarks: ATTACHED: Notice of Inspection (1/24/95) Receipt For Samples (1/24/95)					
27. Related Samples: None					
28a. Collector's Name, Title & Employee # 9041 Stephen Babits, Investigator			28b. Collector's Signature & Date <i>Stephen Babits</i> 1/24/95		
29a. Reviewer's Name, Title & Employee # 8342 Gilbert Bodin, Supervisory Investigator			29b. Reviewer's Signature & Date		
Distribution: Original [] Lab [] Fiscal [] Data [] Hdqtr [] Other []					

U. S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.



You are hereby authorized to disclose my name and address with the information collected on this case.



My identity is to remain confidential.

Denise Heinig
(Signature)

1-24-95
(Date)

Steve Bob's plw 8/13/95 ✓
CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Robert Heinig		2. TELEPHONE NO. (Home) (Work) 1 (203) 284-1458 (after 4:00p.m)	
3. STREET ADDRESS 6 Saddle Lane		4. CITY STATE ZIP CODE Wallingford CT 06492	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) New Black & Decker toaster was mounted under kitchen cabinets, and in use on setting #2 (of 5 possible settings). Normally, when the toast is "done," the bell "dings" and the door opens. However, when the door opened on a second toasting of bread 1/6, the toast was on fire and six-inch flames were shooting up toward the cabinet. Note: The respondent, a volunteer fireman with 20 years of firefighting experience said that had he not been there watching/toasting			
6. DATE OF INCIDENT(S) 1/2/95	7. IF INJURY OR NEAR MISS, OBTAIN AGE ____ SEX ____ AND DESCRIBE INJURY no injury		8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE (10) NAME ____ RELATIONSHIP ____
9. DESCRIPTION OF PRODUCT The Horizontal under the counter Toaster oven		10. BRAND NAME The Spacemaker Optima	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Black & Decker Contacted Shelton CT - Rep. & referred to John in legal (who wants to arrange plw of the product)		12. MODEL, SERIAL NO.'S	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES <input checked="" type="checkbox"/> NO ____ IF YES, BEFORE OR AFTER THE INCIDENT? ____ DESCRIBE ____		13. DEALER'S NAME, ADDRESS, & PHONE Unknown - a Gift Respondent is waiting for the receipt	
		15. PRODUCT PURCHASED NEW <input checked="" type="checkbox"/> USED ____ DATE PURCHASED ____ AGE ____ Xmas shopping season 1994	
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: ____	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES ____ NO ____ IF NOT, DO YOU PLAN TO CONTACT THEM? YES <input checked="" type="checkbox"/> NO ____ OTHER ____		18. IS THE PRODUCT STILL AVAILABLE? YES <input checked="" type="checkbox"/> NO ____ IF NOT, ITS DISPOSITION ____	
19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <input checked="" type="checkbox"/> NO ____			
FOR ADMINISTRATION USE			
20. DATE RECEIVED 1/6/95	21. RECEIVED BY (Name & Office) D. Elaine Brown - NYC		22. DOCUMENT NO. N51-0029A
23. FOLLOW-UP ACTION 950110 CPB 5703		24. PRODUCT CODE(S)	
25. DISTRIBUTION E115/For & /EF/6/1/P		26. ENDORSEER'S NAME & TITLE	